



Oklahoma State Department of Health Consumer Health Service Procedure

Title: **MUTUAL SUPERVISORY ROLES**

CHS#: CHS-01

Responsible Areas: Protective Health Services (PHS)
• Consumer Health Service (CHS)
Community and Family Health Services (CFHS)
• County Health Departments (CHD)

Approved/Date: _____ Date: _____
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_____ Date: _____
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I. PURPOSE

To outline the mutual, coordinated management of local health inspectors and Quadrant Sanitarian Managers.

II. AUTHORITY

Authority for joint supervision is based on the outlines of this current procedure and past practice.

III. JURISDICTION

- Supervisory Roles overseeing Quadrant Sanitarian Managers
 - Operational Supervision – CHS Director
 - Administrative Supervision – RHD of home county
- Supervisory Roles overseeing Local County Health Inspectors
 - Operational Supervision – Quadrant Sanitarian Manager
 - Administrative Supervision – RHD of home county

IV. FREQUENCY OF TASKS

As needed

V. PROTOCOLS

a. Terminology

- i. Operational Supervisor – Responsible for setting primary accountabilities and oversight of daily work effort
- ii. Administrative Supervisor – Responsible for administrative functions such as time, leave, and duties not directly related to inspections or field work

b. Time & Effort (T&E) Verification

- i. Primary responsibility for T&E Verification is an administrative supervisory function.
- ii. The Quad San Manager should be placed in the “Supervisor” field for each local county inspector in the T&E system. The CHS Director should be placed in the “Supervisor” field for each Quad San Manager.
- iii. The RHD within each county will be responsible for designating the “Reviewer” for each local inspector and Quad San Manager. The “Reviewer” may be:
 - A. The RHD responsible for the home county of the inspector/Quad San Manager,
 - B. An employee stationed in the same or adjacent home county of the local inspector/Quad San Manager, or
 - C. The Quad San Manager, for local inspectors, stationed in the same or adjacent county to the Quad San Manager.
- iv. The RHD should designate a “Reviewer” that would have best, direct oversight of the employee’s time; it is not expected the Quad San Manager would review & verify local inspector T&E’s across their quadrant; rather just in their home county or adjacent counties.
- v. The “Reviewer” is responsible for verifying the time each pay period.
- vi. The local inspector/Quad San Manager is responsible for updating the T&E system to reflect the correct “Supervisor” and “Reviewer”.
- vii. In the event the “Reviewer” is out of the office, the local inspector/Quad San Manager may either, at the RHD’s decision,:
 - A. Change the “Reviewer” temporarily in the T&E system to the RHD or other designee, or
 - B. May notify the “Supervisor” in advance to verify the current T&E.
- viii. Supervisors should periodically review T&E entries to ensure proper T&E coding.
- ix. Staff should always code what they worked, not their most used T&E code. This may result in multiple codes for a single day & every day will likely be different. (See tables of common codes below.) Question came up for combining predominante programs.

Program Codes
045 – Food / Lodging
045 – Routine Daycare (DHS)
TBD – Daycare Shigella/Food Investigation (coordinated by local CDN or State Epi)
082 – Pools
275 – Animal Bites
275* – Outbreak Investigation (coordinated by local CDN or State Epi)
*TBD – MIPS (Training/Prep/Exercises)
*TBD – Large scale outbreak

& emergency responses
Activity Codes
020 – Direct Program Service (office work/data entry/phone calls/application review/conducting training)
010 – Travel (time spent travelling to inspections)
121 – Inspection (time spent onsite/conducting inspection)
021 – Indirect Program Service (attending general

training)
Task Codes
000 – General Duties
663 – Speaking or hosting training/meeting (i.e.food schools)
664 – Attending training/meeting
[Don't worry about formatting]

*NOTE: A large scale response (even if it is a food outbreak (045) or other general outbreak (275)) may be assigned a special Program Code if the response is large enough; or even for a large emergency response).

A. Example 1 (summer inspection):

045 Food	121 Inspection	000 General Duties	2 hrs
045 Food	010 Travel	000 General Duties	1 hr
045 Food	020 In Office	000 General Duties	3 hrs
082 Pool	121 Inspection	000 General Duties	45 minutes
082 Pool	010 Travel	000 General Duties	15 minutes
082 Pool	020 In Office	000 General Duties	1 hr

B. Example 2 (knocking out mandates; end of FY)

045 Food	121 Inspection	000 General Duties	5 hrs
045 Food	010 Travel	000 General Duties	2 hr
045 Food	020 In Office	000 General Duties	1 hr

C. Example 3 (busy day)

045 Food	121 Inspection	000 General Duties	2 hrs
045 Food	010 Travel	000 General Duties	1 hr
045 Food	020 In Office	000 General Duties	1 hrs
275 Bite	010 Travel	000 General Duties	30 min
275 Bite	020 Direct	000 General Duties	2 hrs
082 Pool	010 Travel	000 General Duties	30 min
082 Pool	020 In Office	000 General Duties	15 min

- x. If mileage is being claimed or a state vehicle used on any given date, "Travel – 010" should be recorded in the T&E for that day.
- xi. If "Inspection – 121" is listed as an activity, a brief list of those places inspected should be included in the notes of the T&E entry.
- xii. If 275 Program Code is used – the notes section should be used to record the nature of the work:
 - A. Animal Bite
 - B. Daycare (not to be confused with our routine DHS requests)
 - C. Long Term Care – food/outbreak
 - D. Specify what other communicable disease organized by the local CDN or Acute Disease Service (epi's) that is not food or pool establishment related

c. Leave Approval

- i. Primary decision to approve or deny is made by the RHD but requires coordination with the Quadrant Sanitarian Manager.
- ii. The local inspector should first send a leave request email to the Quadrant Sanitarian Manager.
- iii. The Quadrant Sanitarian Manager will reply and include the RHD and any other designated T&E "Reviewer" of the approval OR rejection based on operational deadlines & outstanding duties.
 - A. Where an approval should simply state no operational issues affected by leave request (i.e. "No issues"), or
 - B. Where a denial should outline the operational issues why it is not recommended.
- iv. Upon operational approval, the inspector will enter the leave request in the T&E system.

- v. The “Reviewer” may then approve or deny based on time and leave allowances or administrative functions.
- vi. If the RHD disagrees with a denial or approval following the Quadrant Sanitarian Manager’s email, the RHD shall contact the manager for more information.
 - A. An agreement should be made on how to handle operational issues before issuing the final approval or denial that may be in disagreement with the original email.
 - B. A T&E request should never be approved/denied in opposition to the initial email without first making contact.
- vii. Once leave is approved, it is the inspector’s responsibility to notify co-workers within the county and any adjacent counties that may be assigned to cover during the leave period.

d. Signature Authority

- i. For the following instances and/or forms, the RHD (or their designee*) should be the final signature authority:
 - A. Incident report (i.e. car accident*, office altercation, work accident*)
 - B. Workers comp
 - C. Phone services
 - D. Motorpool vehicle
 - E. Travel reimbursement
 - F. FMLA*
 - G. Shared leave requests
 - H. Grievances
 - I. Comp, Over Time accrual, Adjusted Work Week Schedules*
 - J. Telework*
 - K. PAC Request, Disciplinary Action*
 - L. Promotions*
 - M. Conflict of Interest*
- ii. *The RHD and/or local inspector should at a minimum keep the Quadrant Sanitarian Manager aware of issues affecting operational accountabilities. In some instances direct coordination may be required.

NOTE: In some instances, the RHD may assign signature authority to the Quadrant Sanitarian Manager. It is recommended to memorialize in writing (simple email) what the manager (or even designee) is allowed to sign. For record keeping purposes, the notice may be shared with the CHS Director will maintain a copy in the employee’s electronic convenience file.

e. Disciplinary Action

- i. Discipline should be a closely coordinated effort between the Quadrant Sanitarian Manager and the RHD.
- ii. Administrative issues, such as time or office behavior, should typically be observed and counseled by the RHD.
 - A. The RHD should include the Quadrant Sanitarian Manager in any counseling or disciplinary meeting.
- iii. For operational tasks or issues, the Quadrant Sanitarian Manager should first make the RHD aware and discuss a possible sequence.
- iv. If counseling is decided upon first (not part of the agency’s disciplinary process), the manager is responsible for sitting down and outlining the issues and educating on expectations and accountabilities; the RHD is not required in these sessions but may be present.

- A. This may mean identifying actions that need to occur,
- B. Timeframes to be held accountable, and
- C. Documentation showing efforts to educate/counsel (example: signed & dated paper with the bullet points discussed and outlined actions).
- v. If the disciplinary process is decided upon (either following counseling/education efforts or starting directly due to the severity of the issue), the RHD and manager will discuss first.
- vi. The RHD will be responsible for sending HR notice of the informal or formal disciplinary process & requesting PAC assistance if necessary/required.
- vii. The RHD and manager should both be present for any informal and formal disciplinary meetings.
- viii. The RHD manager should schedule all meetings and identify meeting location.
- ix. As the subject matter expert for operational tasks, the manager is responsible for tracking the operational issues, filling out disciplinary forms and being the lead during the sessions.
- x. The RHD is responsible for administrative issues and should take the lead during administrative type issues, ensuring disciplinary forms are completed, taking the lead during sessions and ensuring tracking.
- xi. Whenever possible, the RHD or manager may be tasked with assisting or taking lead on issues outside of their lead if decided upon by both.

f. PMP's

- i. Operational supervisors (CHS Director, Quadrant Sanitarian Managers or Public Health Specialist IV supervisors) are responsible for:
 - A. Preparing/drafting primary accountabilities for the PMP,
 - B. Preparing, scheduling and conducting Mid-Year Reviews,
 - C. Preparing, scheduling and conducting End-of-Year Reviews, and
 - D. Ensuring the RHD for the respective inspector's home county is provided the final PMPs (initial/Mid-Year/End-of-Year) for review prior to employees signing.
- ii. RHD's may request additional administrative accountabilities be added.
- iii. RHD's are the responsible Reviewer for each stage of the PMP process.
- iv. Tracking and verification of PMP accountabilities lies with the operational supervisor though administrative accountabilities added by the RHD may require their input to validate status of the administrative accountability.
- v. The operational supervisor is responsible for ensuring:
 - A. Annual review of the OPM 39 by the inspector;
 - B. Annual review of the OPM job description (Public Health Specialist classification);
 - C. Annual review and signature of the OSDH Confidentiality Agreement; and
 - D. Submission of final signed PMPs and OSDH Confidentiality Agreements to **HR and/or to the local county administrative designee who would then be responsible for submitting to HR. [Pros / Cons electronic signatures]**

g. Classification

- i. Exempt status = those that may accrue comp time on a 1 to 1 basis. Exempt status includes those that supervise more than one person which includes:
 - A. Quadrant Sanitarian Managers (PHS V's)
 - B. Public Health Specialist (PHS) IV's

- ii. Non-exempt status = those that must adhere to a 40 hour work week. Overtime may be paid at time and a half but prior approval must be made from the RHD and HR; this typically takes multiple days. Non-exempt staff should ensure work weeks are flexed prior to hitting 40 hours and must keep their operational supervisor and RHD aware of the issues and gain prior approval to work outside the normal working hours. These positions include:
 - A. PHS I – III
 - B. Environmental Techs I-II

h. Career Progression

- i. It is the Quadrant Sanitarian Manager's responsibility to assess the training and standardization completion (following the CPD Training Procedures) that would allow a PHS I to career progress to a PHS II.
- ii. The manager should send the RHD notice (or the designated APO within the inspector's home region), along with:
 - A. The certificate of completion of the training,
 - B. State of time denoting required experience, and
 - C. OPM 39 updated and signed – showing the change in duties
- iii. The RHD is responsible for approving and assigning administrative staff to enter data into the system (HCM 92).
- iv. Until further notice, further career progression is not approved by the agency. Operation managers are responsible for ensuring staff are not working out of class based on the job family description.

VI. RESOURCES

- OSDH Confidentiality Agreement (form searchable/available on Irene)
- OPM 111 – PMP Form
- [OSDH Administrative Procedures Manual](#) (available on Irene)
 - [APM 6-14 – Performance Management Process](#)
 - [APM 6-16 – Progressive Discipline](#)

VII. STAKEHOLDERS/PARTNERS

- Consumer Health Service
- Local County Health Departments & Directors
- Local county inspectors
- Supervising inspectors

VIII. COMMUNICATIONS

Proposed updates or corrections to this Procedure shall be e-mailed to ConsumerHealth@health.ok.gov.

Official updates to this Procedure shall be e-mailed annually (if any) to Regional Directors and Supervisors for distribution to staff prior to being sent for approval upon final updates.

IX. REFERENCES

None

X. ACTION

The director of the Consumer Health Service is responsible for ensuring the review of this procedure at least once every 36 months.

Any exceptions to this procedure must be requested in writing to the Director of Consumer Health Service via the ConsumerHealth@health.ok.gov inbox and require final written approval of the Deputy Commissioners prior to change.

XI. RECORD OF CHANGES

Section Updates	Notes	Date
Initial		Routed for approval October 2017

XII. ATTACHMENTS

None